

FILED IN THE
U.S. DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

May 27, 2025

SEAN F. McAVOY, CLERK

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

CHRISTOPHER G.,¹

Plaintiff,

v.

FRANK BISIGNANO
COMMISSIONER OF SOCIAL
SECURITY,²

Defendant.

NO: 4:24-CV-05149-RLP

ORDER AFFIRMING THE
COMMISSIONER'S DECISION

BEFORE THE COURT is an appeal from an Administrative Law Judge (ALJ) final decision denying disability income benefits under Title II and supplemental security income under Title XVI of the Social Security Act. ECF No. 10. The Court considered the matter without oral argument. For the reasons discussed below, the Court concludes the ALJ did not commit harmful legal error in

¹ Plaintiff's first name and last initial are used to protect his privacy.

² Frank Bisignano became the Commissioner of Social Security on May 7, 2025. Pursuant to Rule 25(d) of the Rules of Civil Procedure, Frank Bisignano is substituted for Leland Dudek as the Defendant in this suit.

1 evaluating Mr. G.'s symptom testimony or the medical evidence. Therefore, Mr.
2 G.'s brief, ECF No. 10, is denied and the Commissioner's brief, ECF No. 14, is
3 granted.

4 BACKGROUND

5 Mr. G. was 35 years old on the alleged onset date of July 12, 2018. Tr.31, 58.
6 He has an Associate of Arts degree and has work experience as a custodian and an
7 equipment operator. Tr. 59, 61-62.

8 Mr. G. filed this claim for disability insurance benefits and supplemental
9 security income in July 2020.³ Tr. 395-405. The claim was denied initially and upon
10 reconsideration. Tr. 200-03, 205-14. Mr. G. appeared at a hearing in October 2023,
11 and alleged he is unable to work due to bipolar, psychosis, anxiety, depression, and
12 fatigue. Tr. 69. He testified that he has been hospitalized five times for psychosis,
13 most recently in 2020. Tr. 79. Since 2020, he has had “[v]ery minimal” psychosis.
14 Tr. 79. On December 29, 2023, the ALJ issued an unfavorable decision, Tr. 17-33,
15 and the Appeals Council denied review. Tr. 1-6. The matter is now before this Court
16 pursuant to 42 U.S.C. § 405(g).

17

18 ³ The record contains a previous ALJ decision regarding a prior application
19 which found Mr. G. not disabled from February 24, 2015 to July 11, 2018. Tr. 93-
20 107. Mr. G.'s alleged onset in the current claim is July 12, 2018, the day after the
21 prior decision. Tr. 17-18, 57-58.

1 STANDARD OF REVIEW

2 This Court's review of a final decision of the Commissioner of Social Security
3 is governed by 42 U.S.C. § 405(g). The scope of review is limited; the
4 Commissioner's decision will be disturbed "only if it is not supported by substantial
5 evidence or is based on legal error." *Hill v. Astrue*, 698 F.3d 1153, 1158 (9th Cir.
6 2012). If the evidence in the record "is susceptible to more than one
7 rational interpretation, [the Court] must uphold the ALJ's findings if they are
8 supported by inferences reasonably drawn from the record." *Molina v. Astrue*, 674
9 F.3d 1104, 1111 (9th Cir. 2012).

10 FIVE-STEP EVALUATION PROCESS

11 A claimant must satisfy two conditions to be considered "disabled" within the
12 meaning of the Social Security Act. First, the claimant must be "unable to engage in
13 any substantial gainful activity by reason of any medically determinable physical or
14 mental impairment which can be expected to result in death or which has lasted or
15 can be expected to last for a continuous period of not less than twelve months." 42
16 U.S.C. §§ 423(d)(1)(A), 1382c(a)(3)(A). Second, the claimant's impairment must
17 be "of such severity that he is not only unable to do [his or her] previous work[,] but
18 cannot, considering [his or her] age, education, and work experience, engage in any
19 other kind of substantial gainful work which exists in the national economy." 42
20 U.S.C. §§ 423(d)(2)(A), 1382c(a)(3)(B).

1 The Commissioner has established a five-step sequential analysis to determine
2 whether a claimant satisfies the above criteria. *See* 20 C.F.R. §§ 404.1520(a)(4)(i)-
3 (v), 416.920(a)(4)(i)-(v). At step one, if the claimant is engaged in “substantial
4 gainful activity,” the Commissioner must find that the claimant is not disabled. 20
5 C.F.R. §§ 404.1520(b), 416.920(b). At step two, the Commissioner considers the
6 severity of the claimant’s impairment. 20 C.F.R. §§ 404.1520(a)(4)(ii),
7 416.920(a)(4)(ii). If the claimant suffers from “any impairment or combination of
8 impairments which significantly limits [his or her] physical or mental ability to do
9 basic work activities,” the analysis proceeds to step three. 20 C.F.R. §§ 404.1520(c),
10 416.920(c). At step three, the Commissioner compares the claimant’s impairment to
11 severe impairments recognized by the Commissioner to be so severe as to preclude a
12 person from engaging in substantial gainful activity. 20 C.F.R. §§
13 404.1520(a)(4)(iii), 416.920(a)(4)(iii).

14 If the severity of the claimant’s impairment does not meet or exceed the
15 severity of the enumerated impairments, the Commissioner must assess the
16 claimant’s residual functional capacity (RFC), which is the claimant’s ability to
17 perform physical and mental work activities on a sustained basis despite his or her
18 limitations, 20 C.F.R. §§ 404.1545(a)(1), 416.945(a)(1).

19 At step four, the Commissioner considers whether, in view of the claimant’s
20 RFC, the claimant is capable of performing work that he or she has performed in the
21 past (past relevant work). 20 C.F.R. §§ 404.1520(a)(4)(iv), 416.920(a)(4)(iv). If

1 not, the analysis proceeds to step five and the Commissioner considers whether, in
2 view of the claimant's RFC, the claimant is capable of performing other work in the
3 national economy. 20 C.F.R. §§ 404.1520(a)(4)(v), 416.920(a)(4)(v).

4 The claimant bears the burden of proof at steps one through four above.

5 *Tackett v. Apfel*, 180 F.3d 1094, 1098 (9th Cir. 1999). If the analysis proceeds to
6 step five, the burden shifts to the Commissioner to establish that (1) the claimant is
7 capable of performing other work; and (2) such work "exists in significant numbers
8 in the national economy." 20 C.F.R. §§ 404.1560(c)(2), 416.960(c)(2); *Beltran v.*
9 *Astrue*, 700 F.3d 386, 389 (9th Cir. 2012).

10 ALJ'S FINDINGS

11 At step one, the ALJ found Mr. G. has not engaged in substantial gainful
12 activity since July 12, 2018, the amended alleged onset date. Tr. 20. At step two, the
13 ALJ found that Mr. G. has the following severe impairments: bipolar disorder;
14 schizoaffective disorder; and generalized anxiety disorder. Tr. 21.

15 At step three, the ALJ found that Mr. G. does not have an impairment or
16 combination of impairments that meets or medically equals the severity of one of the
17 listed impairments. Tr. 22. With respect to the RFC, the ALJ found Mr. G. has the
18 capacity to perform a full range of work at all exertional levels with the following
19 nonexertional limitations:

20 He is able to understand, remember and carry out short, routine,
21 repetitive instructions. He is able to sustain attention/concentration for
2-hour periods at a time and for 8 hours in the workday on short,
routine repetitive instructions. He can use judgment in making work

1 decisions related to short, routine repetitive instructions. He requires
2 an occupation with only occasional co-worker contact and
3 supervision. He requires an occupation with only occasional contact
4 with the public. He requires an occupation with set routine,
5 procedures and instructions, and occasional changes during the
workday. He can do work with no requirement to meet defined
production quotas such as production line work. He can maintain
regular attendance and be punctual within customary tolerances. He
can perform activities within a schedule. He cannot drive vehicular
equipment.

6 Tr. 24.

7 At step four, the ALJ found Mr. G. is capable of performing past relevant
8 work as a car cleaner and industrial cleaner. Tr. 30. Alternatively, at step five, after
9 considering and Mr. G.'s age, education, work experience, and the RFC, the ALJ
10 found there are other jobs that exist in significant numbers in the national economy
11 that Mr. G. can perform such as laundry worker, supply worker, and warehouse
12 worker. Tr. 31-32.

13 Based on the adverse finding at step five, the ALJ determined that Mr. G. has
14 not been under a disability, as defined in the Social Security Act, from July 12,
15 2018, through the date of the decision. Tr. 32.

16 ANALYSIS

17 The ALJ found that Mr. G.'s testimony regarding the intensity, persistence,
18 and limiting effects of his symptoms are not consistent with the evidence in the
19 record. Tr. 25. The ALJ also rejected psychological opinion evidence from David
20 Morgan, Ph.D., and Dana Harmon, Ph.D., who both assessed disabling limitations,
21 and did not discuss the opinion of Philip Barnard, Ph.D. Mr. G. contends ALJ erred
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1 in rejecting his testimony and in evaluating the medical opinion evidence. The Court
2 concludes the ALJ did not commit reversible error and that the ALJ's findings are
3 supported by substantial evidence.

4 **A. Symptom Testimony**

5 A two-step process applies to an ALJ's assessment of a claimant's testimony
6 regarding subjective pain and symptoms. "First, the ALJ must determine whether
7 there is objective medical evidence of an underlying impairment which could
8 reasonably be expected to produce the pain or other symptoms alleged." *Molina*, 674
9 F.3d at 1112 (internal quotation marks omitted). Second, if there is such evidence
10 and there is no sign of malingering, the claimant's testimony should generally be
11 accepted unless there is clear and convincing evidence in support of rejection. See
12 *Garrison v. Colvin*, 759 F.3d 995, 1015 (9th Cir. 2014). "[T]he ALJ can only reject
13 the claimant's testimony about the severity of the symptoms if [the ALJ] gives
14 'specific, clear and convincing reasons' for the rejection." *Ghanim v. Colvin*, 763
15 F.3d 1154, 1163 (9th Cir. 2014) (internal citations and quotations omitted). "General
16 findings are insufficient; rather, the ALJ must identify what testimony is not credible
17 and what evidence undermines the claimant's complaints." *Id.* (quoting *Lester v.*
18 *Chater*, 81 F.3d 821, 834 (9th Cir. 1995)).

19 Here, although the ALJ agreed with Mr. G. that his "medically determinable
20 impairments could reasonably be expected to cause [his] alleged symptoms," the
21 ALJ rejected Mr. G.'s testimony regarding the severity of his symptoms, reasoning

1 that they were “not entirely consistent with the medical evidence and other
2 evidence in the record.” Tr. 25.

3 First, the ALJ found that Mr. G.’s daily activities are “nearly unlimited.” Tr.
4 26. The ALJ noted Mr. G’s hearing testimony described a wide range of activities of
5 daily living inconsistent with his allegations of disability such as all personal care,
6 household chores, laundry, shopping, pay bills, riding a bicycle several times per
7 week, walking 30 minutes a day five days a week, reading, looking up information
8 using a search engine on his phone, emailing, texting, traveling for one week in 2022
9 to visit family in Arizona, getting along well with family, and having friends. Tr. 26,
10 73-78.

11 Mr. G. contends these activities are not transferrable to a work environment.
12 ECF No. 10 at 9-10 (citing *Diedrich v. Berryhill*, 874 F.3d 634, 643 (9th Cir. 2017)).
13 While allegations of disabling pain may be discredited if a claimant is able to spend
14 a substantial part of the day engaged in pursuits involving the performance of
15 physical functions that are transferable to a work setting, *Fair v. Bowen*, 885 F.2d
16 597, 603 (9th Cir. 1989), an ALJ may also consider “whether the claimant engages
17 in daily activities inconsistent with the alleged symptoms.” *Lingenfelter v. Astrue*,
18 504 F.3d 1028, 1040 (9th Cir. 2007). Even if the claimant experiences some
19 difficulty or pain, his daily activities “may be grounds for discrediting the claimant’s
20 testimony to the extent that they contradict claims of a totally debilitating
21 impairment.” *Molina*, 674 F.3d at 1113. It is not the court’s role to second guess an

1 ALJ's reasonable interpretation of a claimant's testimony. *Rollins v. Massanari*, 261
2 F.3d 853, 857 (9th Cir. 2001); *Thomas v. Barnhart*, 278 F.3d 947, 959 (9th Cir.
3 2002) (affirming an ALJ's decision discounting a claimant's testimony after finding
4 that the claimant "was able to perform various household chores such as cooking,
5 laundry, washing dishes, and shopping"). Here, the ALJ's determination that Mr. G.
6 engaged in a wide range of daily activities inconsistent with disabling limitations is
7 reasonably supported by substantial evidence.

8 Second, the ALJ found that after his last hospitalization in 2020, Mr. G.
9 experienced improvement and a reduction in symptoms. Tr. 26. The record reflects a
10 prior hospitalization in 2015, but at the time of the alleged onset date in August
11 2018, Mr. G. was doing well and consistently taking his medication. Tr. 1464. The
12 ALJ cited records indicating that in 2018, Mr. G. endorsed anxiety but denied a
13 depressed mood, and in 2019, his mood was good and stable, he was working two
14 part-time jobs, and things were going well. Tr. 27, 624-26, 1463-65. The ALJ found
15 this portion of the record indicates that Mr. G. was generally stable. Tr. 27.

16 In March 2020, Mr. G. was arrested and then involuntarily admitted to the
17 hospital for psychiatric evaluation and treatment after an incident where he shouted
18 at or hit a bus driver. Tr. 549, 597. Mr. G.'s mother indicated there were social and
19 situational stressors since he had lost his job and car, was kicked out of his brother's
20 house, and was living in a trailer with a "bunch of drug users," and he had recently
21

1 used methamphetamine. Tr. 607. He said he felt a little bit anxious and was admitted
2 for psychosis. Tr. 549-56, 618.

3 By mid-March 2020, Mr. G. was doing better, but still had some symptoms
4 and was not yet stable. Tr. 1016-20. He was discharged to a less restrictive
5 alternative in April 2020, and treatment notes indicate he lacked insight into why he
6 was involuntarily detained and had poor judgment based on his aggressive and risky
7 behavior before admission. Tr. 1091-97. Nevertheless, on discharge he had normal
8 thought content, adequate attention and perception, and no paranoid delusions or
9 irritable mood. Tr. 1096-97.

10 In May 2020, Mr. G. violated the terms of his least restrictive alternative. Tr.
11 595-99. The police were called because he was throwing rocks at a facility worker
12 and threatening to kill him and was drinking from bottles of alcohol in the lobby.
13 Tr. 595, 987-88. He was readmitted to the hospital and had a positive drug test for
14 methamphetamines and THC and was noted to be noncompliant with medication.
15 Tr. 987-88. Upon discharge two weeks later, Mr. G.'s mental status exam findings
16 were mostly normal. Tr. 992-93

17 The ALJ acknowledged that after discharge in late May 2020, Mr. G.
18 experienced some waxing and waning of symptoms but found that the overall record
19 shows a significant and sustained improvement. Tr. 28. For example, in June 2020,
20 he reported doing well since his release, was in a good mood, and acknowledged
21 struggling with substance abuse but denied current use. Tr. 1486-89. He did not have

1 any psychotic symptoms. A mental status exam noted euthymic mood and flat affect
2 but was otherwise normal. Tr. 1486-89. By September 2020, Mr. G. was living on
3 his own in supportive housing and was looking for work. Tr. 1471.

4 Thereafter, the ALJ noted a general absence of symptoms and unremarkable
5 exam findings from approximately March 2021 through at least August 2023. Tr. 28.
6 During this period, Mr. G. reported looking for part-time work, but his therapist
7 suggested that transportation, rather than any alleged symptoms, was a barrier to
8 work. Tr. 2405. In March 2021, Dr. Knight-Richardson found Mr. G. had no signs or
9 symptoms of schizoaffective disorder, no mania, no weird thoughts, no clinical
10 depression, no hallucinations, paranoia, or delusions, and he was stable on current
11 medications. Tr. 28, 1510-11. His mood, insight, and judgment were good, and
12 memory was intact. Tr. 1510-11. In June 2021, Mr. G. reported his “mood is as good
13 as he has ever been.” Tr. 1530. The ALJ observed that while Mr. G. made
14 subjective reports that he could not sustain full-time work due to lack of energy and
15 focus, treatment notes generally indicate no serious symptoms and unremarkable
16 mental status exams over the longitudinal period. Tr. 28. By August 2023, Mr. G.
17 was living independently in sober housing. He had finished mental health court, was
18 taking medications as prescribed, and had completed and been discharged from
19 substance use treatment. Tr. 1571, 2407-09

20 Mr. G. argues (1) the record does not support significant improvement and
21 cites records showing mental health symptoms; (2) the ALJ failed to consider the

1 nature of bipolar disorder and that symptoms may be cyclical; and (3) that no doctor
2 opined that Mr. G. is capable of working. ECF No. 10 at 11-12.

3 First, Mr. G. cites records indicating various symptoms and complaints. ECF
4 No. 10 at 11. However, the ALJ acknowledged some mixed findings and complaints
5 before and after the 2020 hospitalization, such as instances of anxiety, restricted
6 affect, low energy, anger, irritability, euthymic mood, flat affect, fatigue, lack of
7 energy and focus, but observed that treatment notes generally indicate no serious
8 symptoms or significant findings on mental status exams over the longitudinal
9 record. Tr. 27-28. Mr. G. asserts the ALJ found he “did not manifest any
10 symptoms,” ECF No. 10 at 11, but this is incorrect as the ALJ referenced Mr. G.’s
11 symptoms in the record and identified mental limitations which were included in the
12 RFC. Where evidence is susceptible to more than one rational interpretation, it is the
13 ALJ’s conclusion that must be upheld. *Burch v. Barnhart*, 400 F.3d 676, 679 (9th
14 Cir. 2005).

15 Second, although Mr. G. argues the ALJ did not consider the cyclical nature
16 of bipolar disorder, ECF No. 10 at 12, the ALJ specifically considered the waxing
17 and waning of symptoms but found the record reflects significant and sustained
18 improvement and independent living. Tr. 28. This is a reasonable interpretation of
19 the evidence. Lastly, although Mr. G. argues no doctor found him capable of
20 working, the ALJ found the opinions of Dr. Mathew Comrie and Dr. Suzanne Castro
21 persuasive and included the mental limitations they assessed in the RFC finding,

1 which is consistent with the ability to work. Tr. 29-30, 119-35, 156-97. The ALJ's
2 findings are supported by substantial evidence.

3 **B. Medical Opinions**

4 Mr. G. contends the ALJ failed to consider the opinion of Phillip Barnard,
5 Ph.D., and failed to properly consider the opinions of David Morgan, Ph.D., and
6 Dana Harmon, Ph.D. ECF No. 10 at 13-19. The regulations provide that an ALJ
7 must consider and evaluate the persuasiveness of all medical opinions or prior
8 administrative medical findings from medical sources. 20 C.F.R. §§ 404.1520c,
9 416.920c. Supportability and consistency are the most important factors in
10 evaluating the persuasiveness of medical opinions and prior administrative findings,
11 and therefore the ALJ is required to explain how both factors were considered. 20
12 C.F.R. §§ 404.1520c(b)(2), 416.920c(b)(2). The ALJ may, but is not required, to
13 explain how other factors were considered. 20 C.F.R. §§ 404.1520c(b)(2),
14 416.920c(b)(2); *see* 20 C.F.R. §§ 404.1520c(c)(1)-(5), 416.920c(c)(1)-(5).

15 *1. Philip Barnard, Ph.D.*

16 In April 2015, Dr. Barnard completed a DSHS Psychological/Psychiatric
17 Evaluation form and diagnosed bipolar disorder and anxiety disorder. Tr. 2451-55.
18 Dr. Barnard assessed marked limitations in six functional areas, including the ability
19 to understand, remember and persist in tasks with detailed instructions; the ability to
20 perform activities within a schedule and maintain regular attendance; the ability to
21 adapt to changes in a routine work setting; the ability to communicate and perform

1 effectively in a work setting; and the ability to complete a normal work day and
2 work week without interruptions from psychologically based symptoms. Tr. 2453.

3 The ALJ did not mention or evaluate the persuasiveness of Dr. Barnard's
4 opinion and Mr. G. contends this is reversible error. ECF No. 10 at 14. The Court
5 agrees the ALJ should have mentioned Dr. Barnard's opinion because the ALJ must
6 evaluate the persuasiveness of all medical opinions in the record. 20 C.F.R. §§
7 404.1520c, 416.920c. However, it may be harmless error to overlook a medical
8 opinion if the error is "inconsequential to the ultimate nondisability determination"
9 and the reviewing court "can confidently conclude that no reasonable ALJ, when
10 fully crediting the testimony, could have reached a different disability
11 determination." *Marsh v. Colvin*, 792 F.3d 1170, 1172–73 (9th Cir. 2015) (quoting
12 *Stout v. Comm'r of Soc. Sec. Admin.*, 454 F.3d 1050, 1056 (9th Cir. 2006)).

13 Dr. Barnard's opinion was rendered in April 2015, three years before the
14 alleged onset date of July 12, 2018. Tr. 2454. "Medical opinions that predate the
15 alleged onset of disability are of limited relevance." *Carmickle v. Comm'r of Soc.*
16 *Sec. Admin.*, 533 F.3d 1155, 1165 (9th Cir. 2008). Additionally, Dr. Barnard's
17 opinion was considered (and given little weight) in a prior claim which resulted in a
18 final decision that Mr. G. was not disabled from February 24, 2015 to July 11, 2018.
19 Tr. 17, 57-58, 103-04. Under these circumstances, Dr. Barnard's opinion is not
20 relevant to the current claim and no reasonable ALJ would find it persuasive in the
21 instant case. Any error in not addressing the opinion is harmless.

1 2. *David Morgan, Ph.D. and Dana Harmon, Ph.D.*

2 Dr. Morgan completed a DSHS Psychological/Psychiatric Evaluation form in
3 July 2020 and diagnosed unspecified anxiety disorder and bipolar disorder. Tr.
4 1493-97. He assessed marked limitations in eight functional areas: the ability to
5 perform work activities within a schedule and maintain attendance; perform routine
6 tasks without special supervision; adapt to changes in a routine work setting; be
7 aware of normal hazards and take appropriate precautions; communicate and
8 perform effectively in a work setting; maintain appropriate behavior in a work
9 setting; complete a normal work day and work week without interruptions from
10 psychologically based symptoms; and set realistic goals and plan independently. Tr.
11 1495.

12 Later that month, Dr. Harmon completed a DSHS Review of Medical
13 Evidence form and reviewed Dr. Morgan's 2020 evaluation and records from 2015.
14 Dr. Harmon found the diagnoses made by Dr. Morgan partially supported by
15 objective medical evidence. Tr. 1550. Dr. Harmon observed:

16 However, all the recent information in this referral is based just on
17 [Mr. G.'s] self-report. It is also unclear how much [Mr. G.'s] drinking
18 and drug use have contributed to - or are perhaps much of the reason
19 for - his mental health difficulties. In addition, much of this
information raises 'red flags' about [Mr. G.'s] credibility, such as his
dishonesty with Dr. Morgan and his work history and history with
drugs and alcohol and his earlier dishonesty with Dr. Barnard about
his drinking.

20 Tr. 1550. Nonetheless, Dr. Harmon opined that the severity and functional
21 limitations assessed by Dr. Morgan were supported by the medical evidence,

1 assuming that other records corroborate Dr. Morgan's conclusions and Mr. G.'s
2 credibility. Tr. 1550-51.

3 Dr. Morgan completed a second DSHS form in July 2022 and diagnosed
4 social anxiety disorder and bipolar disorder. Tr. 1575-76. He assessed the same
5 marked limitations, except the ability to set realistic goals and plan independently
6 was assessed as only moderately limited. Tr. 1576.

7 The ALJ found the opinions of Dr. Morgan and Dr. Harmon are not
8 persuasive regarding marked limitations. Tr. 30. Regarding supportability, the ALJ
9 found the doctors provided some support for their opinions, but they did not consider
10 the entire record. Tr. 30. Regarding consistency, the ALJ found Dr. Morgan's and
11 Dr. Harmon's opinions are inconsistent with Mr. G.'s testimony which indicated a
12 nearly unlimited range of daily activities, as discussed above. Tr. 30.

13 For example, the ALJ noted the 2020 opinions were given shortly after Mr.
14 G.'s last hospitalization, but Mr. G. testified that he had minimal symptoms and
15 psychosis since then. 30, 79. The ALJ also noted Dr. Morgan's mental status exam
16 found an anxious mood, but otherwise Mr. G. was cooperative with normal affect,
17 thought process, orientation, perception, memory, fund of knowledge, abstraction,
18 insight and judgment. Tr. 1497. The ALJ pointed out Dr. Harmon observed that Mr.
19 G. was not candid with Dr. Morgan about his substance abuse history. Tr. 30, 1551.
20 In July 2022, Mr. G. reported some depression and bipolar symptoms to Dr. Morgan,
21 but also told the doctor his mania was controlled with medication, and he only had

1 some situational nervousness and no major anxiety attacks in a while. Tr. 30. Mental
2 status exam results in 2022 indicate Mr. G. was cooperative with normal mood and
3 affect and every category was within normal limits. Tr. 30, 1578.

4 Mr. G. argues that Dr. Morgan's lack of findings does not mean his symptoms
5 do not impact his ability to sustain work activity. ECF No. 10 at 17. However, the
6 ALJ did not find that Mr. G. has no symptoms or that his functioning is not impacted
7 by symptoms; indeed, the ALJ included numerous mental limitations in the RFC. Tr.
8 24. Mr. G. argues that anxious mood and poor concentration in the 2020 exam
9 support Dr. Morgan's assessment, but the ALJ's finding is reasonable and based on
10 the record. Mr. G. also argues he was only able to perform a wide range of daily
11 activities because his stress was minimized by not working. ECF No. 10 at 17-18.
12 However, as discussed above, the ALJ's finding regarding daily activities is
13 supported by substantial evidence.

14 Lastly, the ALJ found the opinions of Dr. Morgan and Dr. Harmon were
15 provided for a state agency and are not based on the disability standard of the Social
16 Security Act. Tr. 30. Mr. G. correctly observes that the purpose for which medical
17 reports are obtained does not provide a valid basis for rejecting them. *Lester*, 81 F.3d
18 at 832. However, as discussed above, the ALJ's other reasons are supported by
19 substantial evidence. Thus, any error in considering the opinions is harmless because
20 the outcome is unchanged. See *Carmickle*, 533 F.3d at 1162.

1 CONCLUSION

2 Having reviewed the record and the ALJ's findings, this Court concludes the
3 ALJ's decision is supported by substantial evidence and free of harmful legal error.

4 Accordingly,

5 1. Mr. G.'s Brief, **ECF No. 10**, is **DENIED**.
6 2. Defendant's Brief, **ECF No. 14**, is **GRANTED**.

7 **IT IS SO ORDERED.** The District Court Clerk is directed to enter this Order
8 and provide copies to counsel. Judgment shall be entered for Defendant and the file
9 shall be **CLOSED**.

10 **DATED** May 27, 2025.

11 

12 REBECCA L. PENNELL
United States District Judge